

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[This form is for prisoners to sue for civil rights violations. NEATLY print in ink (or type) your answers.]

KEVIN REAVES / LEONORE WOODSON

[You are the PLAINTIFF, print your full name on this line.]

J.PAY. Com / IDOC.

[The DEFENDANT is who you are suing. Put ONE name on this line. List ALL defendants below, including this one.]

3:18CV 615

Case Number

[For a new case in this court, leave blank.
The court will assign a case number.]

AUG 09 2018

At
ROBERT N. TRGOVICH, Clerk
U.S. DISTRICT COURT
NORTHERN DISTRICT OF INDIANA

[The top of this page is the caption. Everything you file in this case must have the same caption. Once you know your case number, it is VERY IMPORTANT that you include it on everything you send to the court for this case. DO NOT send more than one copy of anything to the court.]

PRISONER COMPLAINT

#	Defendant's Name and Job Title	Work Address
1	[Put the defendant named in the caption in this box.] JPAY P.O. box 531399 MIAMI SHORES, FL 33153	
2	[Put the names of any other defendants in these boxes.] IDOC.	302 W. Washington St. Indianapolis, IN 46202
3		

[If you are suing more defendants, attach an additional page. Number each defendant. Put the name, job title, and work address of each defendant in a separate box as shown here.]

1. How many defendants are you suing? ONE (1)

2. What is the name and address of your prison or jail? MIAMI CORRECTIONAL FACILITY
3038 W 850'S BUNKER HILL, IN 46914-9810

3. Did the event you are suing about happen there? ☒ Yes. ☐ No, it happened at: _____

4. On what date did this event occur? THE YEAR OF 2014

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

CLAIMS and FACTS

DO: Write a short and plain statement telling what each defendant did wrong.

DO: Use simple English words and sentences.

DO NOT: Quote from cases or statutes, use legal terms, or make legal arguments.

DO: Explain when, where, why, and how each defendant violated your rights.

DO: Include every fact necessary to explain your case and describe your injuries or damages.

DO: Number any documents you attach and refer to them by number in your complaint.

DO NOT: Include social security numbers, dates of birth, or the names of minors.

DO: Use each defendant's name every time you refer to that defendant.

DO: Number your paragraphs. [The first paragraph has been numbered for you.]

1. I, KEVIN REAVES, and LEONORE WOODSON, ARE BOTH OFFENDERS IN IDOC. I, KEVIN REAVES, and LEONORE WOODSON, ~~WERE~~ WERE BOTH BORN WITH, and suffer from, ALBINISM. ALBINISM, IS A CONDITION THAT CAN HAPPEN TO ANY HUMAN, OR ANIMAL, WHICH CAUSES THAT HUMAN, OR ANIMAL, TO BE BORN WITHOUT ANY PIGMENTATION, IN THE ENTIRE BODY. BY NOT BEING BORN WITH ANY PIGMENTATION, IS CAUSES THE SKIN, TO BE EXTERMLY FRILE, and DELICATE, ESPECIALLY TO LIGHT! AN ALBINO, IS ALSO ~~BORN~~ BORN WITH NO PIGMENTATION, BEHIND THEIR EYES, WHICH LABELS THEIR VISION AT LEGALLY BLIND, BECAUSE WHEN LIGHT ENTERS INTO THE EYES OF AN ALBINO, WITH NO PIGMENTATION, BEHIND THEIR EYES, TO SHIELD, and FUNNEL LIGHT IT BLINDS THEM ON CONTACT. ALSO, SINCE THERE IS NO PIGMENTATION IN THEIR EYES, ANY SOURCE OF LIGHT THAT GOES INTO THE EYE, OF AN ALBINO, CAUSES A CONSTANT, NON-STOP TWITCHING OF THE PUPIL, WHICH DISTORTS THE VISION OF AN ALBINO EVEN MORE, CALLED NASTAGMUS, WHICH IS NOT CURIBLE BY ANY MEANS OF MEDICAL PROCEDURES! IN THE YEAR 2014, IDOC, TEAMED WITH A COMPANY, NAMED

Claims and Facts (continued)

JPay, who switched the ways that IDOC, submits commissary orders, and sends, and receives E-mail, pictures, and other things. This switch, was put on a kiosk machine, that is supplied by JPAY. It, is medically proven by any eye specialist, that the low vision of an albino, especially the nystagmus, makes it literally impossible for one to use. Now, true enough IDOC, allows myself, and Woodson, to submit our commissary orders with paper sheets, the fact that we, can not personally use a computer, takes away from privileges that all other inmates, can enjoy, all because JPAY, did not equip their kiosk machine, for people, with extremely low/bad vision, or acute-nystagmus. We, miss out on sending, and receiving instant E-mails from family, and friends, we miss out on video-grams, sent by, ~~and~~ family, and friends to use, or vice-versa. Also, we miss out on receiving E-photos, by family, and friends. We, both have to allow other inmates, that we, think that we, can trust in prison, to function the kiosk machine, for us, which is putting us, in harms way, because your personal account balance, is on the kiosk-machine, and we, have to give out our personal pin-number to someone to log on, and that puts our personal health, and safety, at risk. IDOC, along with JPAY, says this new item, is the future for IDOC, but both entities, took for granted the disability of an albino, and did, and does not care for it as long as they benefit financially! That, is not fair to us!

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

5. When did this event happen?

- ☐ Before I was confined.
☐ While I was confined awaiting trial.
☐ After I was convicted while confined serving the sentence.
☒ Other: Since 2014, While we have both been incarcerated

6. Have you ever sued anyone for this exact same event?

- ☐ No.
☒ Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).
1:17-cv-01287-JMS-DML

7. Could you have used a prison grievance system to complain about this event?

- ☐ No, this event did not happen in a prison or jail.
☐ No, this event is not grievable at the prison or jail where it occurred.
☐ Yes, I filed a grievance and attached is a copy of the response from the final step.

☒ Yes, this event was grievable, but I did not file a grievance because IDOC, NOW
requires that an inmate, submit a Request slip, to the
dept., where there is a problem, but if that dept., does
not respond, you can't grieve them. They did not respond

8. If you win this case, what do you want the court to order the defendant(s) to do?

[NOTE: A case filed on this form will not overturn your conviction or change your release date.]

to Rebuild the entire Kiosk system, with disability
accessories, and award Monetary compensation, in
the amount of \$10,000,000 each defendant. Also, transfer
both defendants, to a facility, that can accommodate
their disabilities more accurately!

[Initial Each Statement]

- ☒ I will pre-pay the filing fee OR file a prisoner motion to proceed in forma pauperis.
☒ I will keep a copy of this complaint for my records.
☒ I will promptly notify the court of any change of address.
☒ I declare under penalty of perjury that the statements in this complaint are true.

I placed this complaint in the prison mail system on 8 / 6 / 20 18 at 4:00 am pm.

[Do not fill in this date and time until you give the complaint to prison officials to send to the court.]

Karen Kearnes Leonda Woodson

Signature

161700
158923

Prisoner Number

NAME: Kevin Leaves
DOC NO.: 161700
LOCATION: 16-337
Indiana Department of Corrections
Miami Correctional Facility
3038 West 850 South
Bunker Hill, IN 46914-9810

This stamp identifies this correspondence as having been mailed by an offender incarcerated at the above named facility.
"WARNING": Not responsible for contents. Any enclosed money orders should be referred to your local postmaster before cashing.

6/10

INDIANAPOLIS
IN 460
07 AUG 18
PM 5 L



U.S. Northern District
Office Of the Clerk
204 South Main Street
South Bend, IN 46601-2194